



Miami-Dade Housing Agency
Applicant and Leasing Center
Post Office Box 452100 • Miami, FL 33245-2100
(305) 250-5238



Single Family (Detached) Rehabilitation Loan Program
Preliminary Application

INSTRUCTIONS

Complete the preliminary application below if you think you're eligible. Only one (1) application per family will be processed. All changes regarding address, family composition or income must be reported to Miami-Dade Housing Agency's (MDHA) Applicant & Leasing Center at 305-638-6464 ext. 221. For more information call MDHA at 305-250-5238. To request assistance in completing this application, you may call 305-547-5444, TDD 305-250-5256 for hearing-impaired.

RETURN COMPLETED APPLICATION BY MAIL ONLY TO: **MIAMI-DADE HOUSING AGENCY**
POST OFFICE BOX 452100
MIAMI, FLORIDA 33245-2100
ATTN: APPLICANT & LEASING CENTER

HEAD OF HOUSEHOLD INFORMATION:

LAST NAME: _____ **FIRST NAME:** _____ **MI:** _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____ **DATE OF BIRTH:** _____

PROPERTY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **WORK PHONE:** _____

NUMBER OF PERSONS IN HOUSEHOLD INCLUDING YOURSELF (CIRCLE ONE): 1 2 3 4 5 6 7 8 9 10+

DO YOU LIVE IN A HOPE VI TARGET AREA? Yes or No

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD DISABLED? Yes or No

WHICH PROGRAM ARE YOU APPLYING FOR ? Window Shutter () and/or Single Family Rehabilitation Loan ()

IF SO, PROVIDE EXPLANATION HERE: _____

GENDER

- 1) Male ()
2) Female ()

ETHNICITY

- 1) Hispanic ()
2) Non-Hispanic ()

RACE

- 1) White ()
2) Black ()
3) Indian ()
4) Asian ()
5) Other ()

The information provided herein is to the best of my knowledge accurate and correct. My signature below authorizes the release of information to Miami-Dade County regarding employment, salary, income, credit accounts, loans, and deposit accounts. I further authorize any recipient hereof to consider a photocopy or other reproduction of this authorization to serve as the original.

SIGNATURE (HEAD OF HOUSEHOLD)

DATE